- 45 - 45 - 47	PLACE OF BIRTH	
90	1. County of Health ARIZONA STATE BOARD OF HEALTH	
nber	District of BUREAU OF VITAL STATIS	TICS State Index No
nu.	Town of IVIICAME ORIGINAL CERTIFICATE OF	BIRTH County Registrar No
C P	City ofNo	Local Registrar No.
ARCORD each, and the number of	Alf birth occurred in a hospital or institution, give its NAME instead of street and number)	
	2. Full name of child	
FILLS IS A PERMAN ETURN must be made for stated.	3. Sex of Child To be answered ONLY in event of plural births. To be answered ONLY 4. Twin, triplet or other	Legitlmate? 7. Date of birth Dec. 23, 1926.
	8. FATHER 14.	MOTHER
	Full name Faustino Campos Full mai	den name Maria Plaro
	9. Residence (Usual place of abode) Miami, 15 Reside (Usual	place of abede)
	If non-resident, give place and state. Whoma. If non-	resident, give place and state. Origona.
N SE	10. Color or race	or race
P K G	11. Age at last birthday (Years)	Net 17. Age at last birthday. 3.7 (Years)
SEP.	12. Birthplace (city or place)	place (city or place) Jalia Co
Id at a	(State or country) Mly. (State o	r country) Mex.
	13. Occupation Jaborer 19. Occup	pation
	Nature of industry Sn. ofton	of Industry
	20. Number of children of this mother (a) Born alive and now living 4	21. Were precautions taken against oph-
	(Taken as of time of birth of child herein) (b) Born alive but now dead / (c) Stillborn	thalmia neonatorum?
chan c	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
A 17 things and of stringshill		
" ଅ	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn (Physician or midwife).	
Cuse	child is one that neither breathes nor shows other evidence of life after birth.	L. Urgona.
r i	Given name added from a supplemental report. Month, day, year. Filed.	127 Co. E. Jones
, B.	Month. day, year Local Registrar.	
~	Registrar	County Registrar.
- 4	432-12	23-471